

**LIBERTY UNION HIGH SCHOOL DISTRICT
REQUEST FOR AN INTRA-DISTRICT TRANSFER
EFFECTIVE SCHOOL YEAR 2023-2024**

logged ☐

Date received _____

Requests for Transfer for the following school year will only be considered during the open enrollment period during February. Exceptions are for students who relocate during the school year. Approved Intra-District Transfers are for the duration of the student's high school career.

Submit this form to the District Office (Student Services) – 20 Oak Street – Brentwood, CA 94513 | email: transfers @luhsd.net

Parent &
Student
Initials

- Approved Intra-district Transfers **must comply with all District PROOF OF RESIDENCE REQUIREMENTS at the time of registration.**
- Transportation is **NOT** provided outside the school's attendance area.

STUDENT:

Last name

First name/M.I.

Race (optional)

Birth Date

Current School: ☐ Freedom ☐ Heritage ☐ Liberty
☐ Other: _____

Request for 2023-24 ☐ Freedom ☐ Heritage ☐ Liberty

Current School of Residence: ☐ Freedom ☐ Heritage ☐ Liberty

Grade 2023-24 ☐ 9th ☐ 10th ☐ 11th ☐ 12th

Address of Student:

New/Current Resident Address

Mailing Address (if different from resident address)

City

Zip

City

Zip

**PARENT(S)/
GUARDIANS:**

NAME - PLEASE PRINT

Relationship: _____

Parent | Other Relative | Guardian

Contact Information:

Home phone

Mother's Work/Cell

Father's Work/Cell

Primary Email Address

Other Email Address

1. REASON FOR REQUEST

- ☐ Sibling currently attending the requested school:

Sibling Name: _____ Current Grade: _____

- ☐ Parent is employed at school

Parent name: _____ Position: _____

- ☐ Moved outside current school's boundary

- ☐ Liberty HS/option to FHS

- ☐ Specialized Program – attach explanation

Program name: _____

- ☐ Safety concerns – attach explanation

☐ Other (explain): _____

2. IS STUDENT RECEIVING SPECIAL EDUCATION SERVICES

☐ Yes ☐ No

Name of program (e.g., "Matrix") _____

3. HAS STUDENT PARTICIPATED IN SCHOOL SPORTS?

☐ Yes ☐ No

Name of sport(s) (e.g., "football") _____

NOTE: Changing schools without parents moving may jeopardize athletic eligibility

The information above is true and accurate:

Student signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

DISTRICT ACTION

☐ **APPROVED** ☐ Open Enrollment ☐ Parent ☐ Sibling ☐ Safety ☐ Continuing ☐ Program Need ☐ Option ☐ Other
Comments: _____

☐ **DENIED** Comments: _____

Assistant Superintendent Signature: _____ Date: _____

Denial appeals may be submitted IN WRITING within 10 calendar days of the above date.